

**Illinois State Board of Education**

**21<sup>st</sup> Century Community Learning Center Program Amendment**

**Grantee Name and Cohort** \_\_\_\_\_

**RCDT Code** \_\_\_\_\_

**Date submitted** \_\_\_\_\_

Schools being served by this grant: \_\_\_\_\_

**Directions:** Please complete the section below providing a detailed description of the requested change in the 21st CCLC program that is currently approved by ISBE. Be advised that additional information may be requested and that no program change can be put into effect until you receive an approved copy of this program amendment signed by ISBE personnel or until a written confirmation is received by e-mail.

**Program Change Requested:** Provide a detailed narrative of the proposed change including which schools within the grant this change will affect or if this pertains to all schools. (continue on next page if necessary)

**Why is this change needed?**

**Will this programmatic change require a budget amendment? \_\_\_\_\_ If yes, send budget amendment within 2 weeks of the approved program change.**

**Signature (Title: District Supt/ CEO/)** \_\_\_\_\_

**Approved** \_\_\_\_\_

**Disapproved** \_\_\_\_\_

**Signature of ISBE staff** \_\_\_\_\_

**Narrative Continuation:**